

[Licensed Healthcare Professional's Letterhead]
[Name of Professional]
[Professional License Number and State/Jurisdiction]
[Contact Information: Phone and Email]

[Date]

To Whom It May Concern:

I am the treating [Job Title: e.g., Psychiatrist, Psychologist, Clinical Social Worker] for [Patient's Full Name], born on [Patient's Date of Birth].

This letter confirms that [Patient's Name] is under my professional care for a mental health disability as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Due to this disability, [Patient's Name] requires the assistance of a Psychiatric Service Dog (PSD) for travel and daily life activities.

The service dog is specifically trained to perform tasks that mitigate the effects of the patient's disability. The presence of this service animal is a necessary accommodation for [Patient's Name] to travel via air.

I am a licensed healthcare professional, and my license information is provided above.

Sincerely,

[Signature of Professional]

[Printed Name of Professional]